

Best Available Copy

JE SLIP STAPLE AREA (Do not staple across references)

| POSITION            | INITIALS   | ID NO.       | DATE           |
|---------------------|------------|--------------|----------------|
| FEE DETERMINATION   | <i>Buy</i> |              |                |
| O.I.P.E. CLASSIFIER |            | <i>YX</i>    | <i>9/21/03</i> |
| FORMALITY REVIEW    |            | <i>65103</i> | <i>10-8-98</i> |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 + ..... Restricted

|   |                    |
|---|--------------------|
| N | ..... Non-elected  |
| I | ..... Interference |
| A | ..... Appeal       |
| O | ..... Objected     |

| Claim | Original | Date   |
|-------|----------|--------|
| Final | 3/3/01   |        |
| 1     | ✓        | 5/1/02 |
| 2     | ✓        | 6/1/03 |
| 3     | ✓        |        |
| 4     | ✓        |        |
| 5     | ✓        |        |
| 6     | ✓        |        |
| 7     | ✓        |        |
| 8     | ✓        |        |
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| 12    | ✓        |        |
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| 14    | ✓        |        |
| 15    | ✓        |        |
| 16    | 0        |        |
| 17    | 0        |        |
| 18    |          |        |
| 19    | ✓        |        |
| 20    | ✓        |        |
| 21    | ✓        |        |
| 22    | ✓        |        |
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| 24    | ✓        |        |
| 25    | ✓        |        |
| 26    | ✓        |        |
| 27    | ✓        |        |
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| 30    | ✓        |        |
| 31    | ✓        |        |
| 32    | ✓        |        |
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| 49    | ✓        |        |
| 50    | 0        |        |

| Claim | Original | Date   |
|-------|----------|--------|
| Final | 3/3/01   |        |
| 51    | 0        | 6/1/02 |
| 52    | ✓        | 6/1/03 |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

|        |   |
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| SECTOR | C |
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|-----------------------------------------|
| <input type="checkbox"/> TERM DISC      |
| a) The term subsequent to has been disc |
| b) The ter                              |